

PRINTED: 10/23/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE		STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to construct, arrange and maintain the nursing home in such a manner that the safety of the residents is assured.</p> <p>The findings include:</p> <p>Observation on 10/22/15 at 11:40 AM revealed that 2 of 4 attic access doors on the roof have 1 roof truce cut out to make the attic access more easily accessible when entering into the attic.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 10/22/15.</p>	N 831	<p>N831 1200-8-6-.08(1) BUILDING STANDARDS</p> <p>The 2 attic trusses were repaired per engineer's instructions.</p>	11/5/2015

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

11-9-15

STATE FORM

5HF121

5HF121

If continuation sheet 1 of 1